Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN2010AGC	A. BUILDING _____ B. WING _____	05/27/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT PAULS HOME CARE	1500 MANHATTAN ST RENO, NV 89512

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 5/27/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received a grade of D. The facility is licensed for six Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness or mental retardation, Category I residents. The census at the time of the survey was five. Five resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed. The following deficiencies were identified:	Y 000		
Y 105 SS=A	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review on 5/27/10, the facility	Y 105		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 105	Continued From page 1 failed to ensure 1 of 3 employees met background check requirements of NRS 449.176 to 449.188 (Employee #3 - missing criminal history statement). This was a repeat deficiency from a 7/29/09 complaint investigation survey. Severity: 1 Scope: 1	Y 105		
Y 178 SS=F	449.209(5) Health and Sanitation-Maintain Int/Ext NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. This Regulation is not met as evidenced by: Based on observation on 5/27/10, the facility failed to ensure the premises were clean and well maintained. Findings include: The following observations were made: 1. Ceiling-mounted fire sprinkler device near Resident #5's bedroom had a gap of approximately 1" in the ceiling area supporting the sprinkler head; 2. The exhaust hood over the kitchen stove was covered with grease and dirt; 3. A ceiling light fixture near laundry area had a thick cover of dust and dirt; 4. Cold french fries were stored uncovered in the oven;	Y 178		

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Y 178	Continued From page 2 5. The window blinds in Resident #3's bedroom were broken; 6. A discarded refrigerator and washing machine were stored in the back and side yard; 7. Debris had accumulated in the back yard (tires, plywood scraps and wood moldings, steel and plastic tubing, floor tiles and old paint cans); 8. There was no landscaping in the back yard and 9. There was an area of exposed insulation (approximately 12" by 12") on the exterior wall in the back yard. Severity: 2 Scope: 3	Y 178		
Y 179 SS=A	449.209(6) Health and Sanitation-Screens NAC 449.209 6. All windows that are capable of being opened in the facility and all doors that are left open to provide ventilation for the facility must be screened to prevent the entry of insects. This Regulation is not met as evidenced by: Based on observation on 5/27/10, the facility failed to provide a screen that fit tightly against the window in the office area adjacent to the living room to prevent the entry of insects. Severity: 1 Scope: 1	Y 179		
Y 274 SS=C	449.2175(5) Service of Food - Substitutions NAC 449.2175 5. Any substitution for an item on the menu must	Y 274		

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Y 274	Continued From page 3 be documented and kept on file with the menu for at least 90 days after the substitution occurs. A substitution must be posted in a conspicuous place during the service of the meal. This Regulation is not met as evidenced by: Based on observation and interview on 5/27/10, the facility failed to ensure menu substitutions were documented and retained for at least 90 days. Severity: 1 Scope: 3	Y 274		
Y 353 SS=E	449.222(3) Bathrooms and Toilet Facilities NAC 449.222 3. The bottoms of tubs and showers must have surfaces that inhibit falling and slipping. Cabinets that are attached to the floor or grab bars must be adjacent to the tubs, toilets and showers. This Regulation is not met as evidenced by: Based on observation on 5/27/10, the facility failed to ensure there were grab bars provided adjacent to the toilet in 1 of 2 bathrooms (bathroom in caregiver room). Severity: 2 Scope: 2	Y 353		
Y 434 SS=I	Blank	Y 434		

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Y 434	Continued From page 4 This Regulation is not met as evidenced by: Based on interviews and record review on 5/27/10, the facility did not ensure that monthly evacuation drills were conducted on an irregular schedule for the past 12 of 12 months. Findings include: The facility has a history of a fire in the home on 7/12/09, requiring the evacuation of residents. There was a written record of evacuation drills conducted each month during the past 12 months, however several residents were interviewed and stated they could not recall having participated in any fire or evacuation drills at the facility. Severity: 3 Scope: 3	Y 434		
Y 444 SS=I	Blank This Regulation is not met as evidenced by: Based on interviews and record review on 5/27/10, the facility did not ensure smoke detectors were tested 12 out of the past 12 months. Findings include: The facility has a history of a fire in the home on 7/12/09, requiring the evacuation of residents. Smoke detector tests were documented as being completed for 12 of the past 12 months, however	Y 444		

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Y 444	Continued From page 5 Employees #1 and #2 were unable to demonstrate how to test the battery-operated smoke detectors. The monitored smoke detectors are only checked annually per the service provider. The battery-operated smoke detector near the kitchen repeatedly chirped throughout the survey visit and did not produce an audible alert when tested. This was a repeat deficiency from the 1/15/09 State Licensure survey. Severity: 3 Scope: 3	Y 444		
Y 450 SS=D	449.231(1) First Aid and CPR NAC 449.231 1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross or an equivalent certification will be accepted as proof of that training. This Regulation is not met as evidenced by: Based on record review on 5/27/10, the facility did not ensure that 1 of 3 caregivers received first aid training within thirty days of employment (Employee #3).	Y 450		

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Y 450	Continued From page 6 Severity: 2 Scope: 1	Y 450		
Y 530 SS=F	449.260(1)(e) Activities for Residents NAC 449.260 (e) Provide for the residents at least 10 hours each week of scheduled activities that are suited to their interests and capacities. This Regulation is not met as evidenced by: Based on interview on 5/27/10, the facility failed to provide at least 10 hours of scheduled activities for 6 of 6 residents. Severity: 2 Scope: 3	Y 530		
Y 859 SS=E	449.274(5) Periodic Physical examination of a resident NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician.	Y 859		

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Y 859	Continued From page 7 This Regulation is not met as evidenced by: Based on record review on 5/27/10, the facility failed to ensure that 2 of 6 residents received an initial physical exam prior to admission (Resident #3 and #5). Severity: 2 Scope: 2	Y 859		
Y 870 SS=D	449.2742(1)(a)(1)(2)(b)(c) Medication Administration NAC 449.2742 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident. (2) Provides a written report of that review to the administrator of the facility; (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a).	Y 870		

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Y 870	Continued From page 8 This Regulation is not met as evidenced by: Based on record review on 5/27/10, the facility did not ensure that a medication profile review was performed by a physician, pharmacist or registered nurse at least once every six months for 1 of 6 residents residing in the facility for longer than six months (Resident #4). Severity: 2 Scope: 1	Y 870		
Y 877 SS=D	449.2742(5) OTC medications & Dietary Supplements NAC 449.2742 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. The administration of over-the-counter medication and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. This Regulation is not met as evidenced by: Based on record review and interview on 5/27/10, the facility did not obtain physician orders to administer over-the-counter (OTC) medications	Y 877		

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Y 877	Continued From page 9 to 1 of 6 residents (Resident #4 - stool softener). Severity: 2 Scope: 1	Y 877		
Y 878 SS=G	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by: Based on record review and interview on 5/27/10, the facility failed to ensure 2 of 6 residents received their medications as prescribed (Resident #2 and #3). Findings include: Resident #2 - Propo-N/APAP medication label indicated take one tablet daily - hand written on bottle was "as needed" - there was no physician order documenting the change to PRN. In addition, a nasal spray had been ordered by the physician but was not available and the nasal spray had not been discontinued. Resident #3 - Mupiocin ointment USP 2% was	Y 878		

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Y 878	Continued From page 10 dispensed on 5/21/10 with instructions to apply a thin layer to affected area (two band aids under left nipple covered a previous skin graft that was infected). This medication had never been applied as evidenced by the unopened tube and by comments from the resident and caregiver. Phenytoin NA - bottle read 100 milligrams, take four capsules on Sunday, Monday, Wednesday and Friday, take three capsules on Tuesday and Thursdays - prior order was for 200 milligrams twice per day and there was no physician order documenting the change in dose or administration. This was a repeat deficiency from the 7/29/09 complaint investigation survey. Severity: 3 Scope: 2	Y 878		
Y 885 SS=D	449.2742(9) Medication / Destruction NAC 449.2742 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. This Regulation is not met as evidenced by:	Y 885		

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Y 885	Continued From page 11 Based on interview and record review on 5/27/10, the facility failed to ensure expired medications were destroyed by an acceptable method and logged (promethazine and hydrogen peroxide). Severity: 2 Scope: 1	Y 885		
Y 895 SS=E	449.2744(1)(b)(1) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician. This Regulation is not met as evidenced by: Based on record review on 5/27/10, the facility failed to ensure the medication administration record (MAR) was accurate for 2 of 6 residents (Resident #2 - Phenytoin and Resident #3 -	Y 895		

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Y 895	Continued From page 12 Mupirocin and Cephalexin). Severity: 2 Scope: 2	Y 895		
Y 920 SS=F	449.2748(1) Medication Storage NAC 449.2748 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key. This Regulation is not met as evidenced by: Based on observation on 5/27/10, the facility failed to keep medications for 6 of 6 residents in a secured area. This was a repeat deficiency from the 1/15/09 State Licensure survey.	Y 920		

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Y 920	Continued From page 13 Severity: 2 Scope: 3	Y 920		
Y 921 SS=D	449.2748(2) Medication Storage NAC 449.2748 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication, must be kept in a locked box unless the refrigerator is locked or is located in a locked room. This Regulation is not met as evidenced by: Based on observation on 5/27/10, the facility failed to ensure that a refrigerated medication belonging to 1 of 6 residents was secured (Resident #1 - insulin). Severity: 2 Scope: 1	Y 921		
Y 922 SS=D	449.2748(3)(a) Medication Labeling NAC 449.2748 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician. This Regulation is not met as evidenced by: Based on observation on 5/27/10, the facility failed to ensure medications were plainly labeled	Y 922		

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Y 922	Continued From page 14 for 1 of 6 residents (Resident #4 - stool softener). Severity: 2 Scope: 1	Y 922		
Y1010 SS=E	449.2764(1) Mental Illness Endorsement NAC 449.2764 1. A residential facility which offers or provides care and protective supervision for a resident with mental illness must obtain an endorsement on its license authorizing it to operate as a residential facility for persons with mental illnesses. The Health Division may deny an application for an endorsement or suspend or revoke an existing endorsement based upon the grounds set forth in section 2 or 3 of this regulation. This Regulation is not met as evidenced by: Based on record review on 5/27/10, the facility failed to ensure 1 of 3 employees had received 8 hours of training concerning care of residents who are suffering from mental illnesses within 60 days of employment (Employee #1). This was a repeat deficiency from the 7/29/09 complaint investigation survey. Severity: 2 Scope: 2	Y1010		

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Y1020	Continued From page 15	Y1020		
Y1020 SS=F	449.2766(1) Chronic Illness Endorsement NAC 449.2766 1. A residential facility which offers or provides care and protective supervision for a resident with a chronic illness or progressively debilitating disease must obtain an endorsement on its license authorizing it to operate as a residential facility for persons with chronic illnesses. The Health Division may deny an application for an endorsement or suspend or revoke an existing endorsement based upon the grounds set forth in section 2 or 3 of this regulation. This Regulation is not met as evidenced by: Based on record review on 5/27/10, the facility failed to provide evidence that 3 of 3 caregivers had received training in the care of residents with a chronic illness (Hepatitis C). Severity: 2 Scope: 3	Y1020		